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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **659750** **(4)**

1. Corporation Name
DANIELS FUNERAL HOMES, INC.

Principal Place of Business	Mailing Address
C/O J.B. DANIELS. JR. 516 E HOWARD ST LIVE OAK FL 32060	C/O J.B. DANIELS. JR. 516 E HOWARD ST LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1980

2. Principal Place of Business
21 DANIELS FUNERAL HOMES
Suite, Apt. #, etc.
22 516 E. HOWARD ST.
City & State
23 LIVE OAK, FL
Zip 24 32060 Country 25 SUWANNEE

2a. Mailing Address
26
Suite, Apt. #, etc.
27 P.O. BOX 786
City & State
28 LIVE OAK, FL
Zip 29 32064 Country 30 SUWANNEE

4. FEI Number: 59-1992395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**
DANIELS, JAMES B. III
516 E HOWARD ST
LIVE OAK FL 32060

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JAMES B. III		1.2 NAME		
STREET ADDRESS	516 E HOWARD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 0		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JAMES B. JR		2.2 NAME		
STREET ADDRESS	516 E HOWARD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 0		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, W KEITH		3.2 NAME		
STREET ADDRESS	516 E HOWARD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 0		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 1-27-98 904-362-6333